



MILO

**Use-of -Force Simulator
Regional & Departmental Training Request**

Dates Training Requested		Time Scheduled	
From Date	To Date	Start Time	End Time

Name of Agency & Number of Officers Scheduled		
Agency Name	Use of Force Policy Filed	# of Officers

Name of all participating agencies, phone number & training coordinators name.		
Agency Name	Training Coordinator	Agency Phone

Request Approved: _____ **Date Approved:** _____

Staff Instructor Assigned: _____

Deputy Director: _____

Date: _____